								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000													
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)								SMALL ENTITY TYPE C			OTHER THAN		
το	TAL CLAIMS							RATE	FEE		RATE	FEE	
FOR			NUMBER FILED NUMB			ER EXTRA	8	ASIC FEE	355.00	OR	Basic Fee	710.00	
TOTAL CHARGEABLE CLAIMS			minus 20=			2		X\$ 9=		OR	X\$18=	۵۲	
IND	EPENDENT CL	AIMS	2 minus 3 =				1	X40=		OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	746	
CLAIMS AS AMENDED - PART II								SMALL I	ENTITY	OR	OTHER SMALL		
		(Column 1)		(Column 2) HIGHEST		(Column 3)	r	SMALL	ADDI-			ADDi-	
AMENDMENT A		REMAINING AFTER		PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total	· DD	Minus	· 2	<u>2</u>	=	ľ	X\$ 9=		OR	X\$18=		
MEN	Independent	. 1	Minus	•••	2)	Ξ		X40=		OR	X80=		
<b>V</b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
	1 105					•	L	TOTAL		OR	TOTAL		
1	1/17/00		(Column 2) (Column 3)				A	ODIT. FEE			ADDIT. FEE		
		(Column 1) CLAIMS		HIG	HEST	PRESENT EXTRA	1 [		ADDI-		·	ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT	30 P	PREV	ABER OUSLY FOR			RATE	TIONAL FEE	<u>.</u>	RATE	TIONAL FEE	
	Total	.02	Minus	••	)9	-		X\$ 9=		OR	X\$18=		
	Independent	• 7	Minus	***	2	-	1 [	X40=	•	OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
								TOTAL ODIT, FEE		ОЯ	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)							•					
၁		CLAIMS REMAINING			HEST VIBER	PRESENT	ÌΓ		ADDI-			ADDI-	
Ę		AFTER AMENDMENT			OUSLY FOR	EXTRA	] L	RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Totai	•	Minus	••		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	4**		<u> </u>	┇	X40=		OR	X80=		
╠	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR			
<u> </u>	" If the entry in column 1 is less than the entry in column 2, write "O" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE Is-less than 20, enter "20."									OR	TOTAL		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE													
	ine Trighest Num	TOUR PTEVIOUSIY P	wrusticusid	, a respect		mg/most (196110)	_, ~~		,				

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